

06/30/01



J1129 U.S. PTO

07-09-01

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Please type a plus sign (+) inside this box [+]

PTO/SB/05 (11-00)

Approved for use through 10/31/2002. OMB 0651-0032

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No. 42390P11149

(maximum 12 characters)

First Named Inventor Graunke, et al.Title: Multi-Level, Multi-Dimensional Content ProtectionExpress Mail Label No. EL906880700US

ADDRESS TO: Assistant Commissioner for Patents
Box Patent Application
Washington, D. C. 20231

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

1. X **Fee Transmittal Form (e.g., PTO/SB/17)**
(Submit an original, and a duplicate for fee processing)
2. **Applicant Claims Small Entity Status. (37 CFR 1.27)**
3. X **Specification (Total Pages 22)**
(preferred arrangement set forth below)
 - Descriptive Title of the Invention
 - Cross Reference to Related Applications
 - Statement Regarding Fed sponsored R & D
 - Reference sequence listing, a table,
or a computer program listing appendix
 - Background of the Invention
 - Brief Summary of the Invention
 - Brief Description of the Drawings (if filed)
 - Detailed Description
 - Claim(s)
 - Abstract of the Disclosure
4. X **Drawings(s) (35 USC 113) (Total Sheets 8)**
5. X **Oath or Declaration (Total Pages 5)**
 - a. Newly Executed (Original or Copy)
 - b. Copy from a Prior Application (37 CFR 1.63(d))
(for Continuation/Divisional with Box 17 completed)
 - i. DELETIONS OF INVENTOR(S) Signed statement attached deleting
inventor(s) named in the prior application, see 37 CFR 1.63(d)(2)
and 1.33(b).
 - c. X Unsigned.
6. **Application Data Sheet. (37 CFR 1.76)**
7. CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
8. Nucleotide and/or Amino Acid Sequence Submission
(if applicable, all necessary)
 - a. Computer Readable Form (CRF)
 - b. Specification Sequence Listing on:
 - i. CD-ROM or CD-R (2 copies); or
 - ii. paper
 - c. Statement verifying identity of above copies

Docket No.: 42390P11149

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09/896537

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ACCOMPANYING APPLICATION PARTS

9. ☐ **Assignment Papers (cover sheet & documents(s))**
10. ☐ a. Separate 37 CFR 3.73(b) Statement (where there is an assignee)
- ☐ b. Power of Attorney
11. ☐ English Translation Document (if applicable)
12. ☐ a. Information Disclosure Statement (IDS)/PTO-1449
- ☐ b. Copies of IDS Citations
13. ☐ **Preliminary Amendment**
14. ☒ **Return Receipt Postcard (MPEP 503) (Should be specifically itemized)**
15. ☐ Certified Copy of Priority Document(s) (if foreign priority is claimed)
16. ☐ **Request and Certification under 35 U.S.C. 122(b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.**
17. ☐ Other: _____

18A. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP)
Of Prior Application No.: _____ Examiner _____ Group Art Unit _____

(which is a ☐ continuation/ ☐ divisional/ ☐ CIP of prior application no. _____,
which is a ☐ continuation/ ☐ divisional/ ☐ CIP of prior application no. _____) (List entire chain of priority)

For CONTINUATION AND DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

18B. Statement under 37 CFR 3.73(b) for continuing application:

The undersigned states that _____ (name of assignee) is the assignee of the entire right, title, and interest in the accompanying patent application by virtue of an assignment recorded in the Patent and Trademark Office at Reel. No. _____ Frame No. _____ (or a copy of which is attached).

19. Correspondence Address

☐ Customer Number or Bar Code Label _____
or _____ (Insert Customer No. or Attach Bar Code Label here)

☒ Correspondence Address Below

NAME _____
BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP

ADDRESS 12400 Wilshire Boulevard
Seventh Floor

CITY Los Angeles STATE California ZIP CODE 90025-1026

Country U.S.A. TELEPHONE (303) 740-1980 FAX (303) 740-1980

Name (PRINT/TYPE) Libby N. Ho Registration No.: 46,774
Signature: [Signature] Date: June 30, 2001

Please type a plus sign (+) inside this box [+]

PTO/SB/05 (11-00)

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 - ii. paper
 - c. Statement verifying identity of above copies

Docket No.: 42390P11149

Express Mail No.: EL906880700US

Variable	Mean	SD	Min	Max
Age	34.5	10.5	18	65
Gender	0.5	0.5	0	1
Marital status	0.5	0.5	0	1
Education	12.5	1.5	9	16
Income	15.5	5.5	10	25
Health status	1.5	0.5	1	2
Stress level	2.5	1.5	1	4
Life satisfaction	3.5	1.5	1	5
Work satisfaction	2.5	1.5	1	4
Family satisfaction	3.5	1.5	1	5
Community satisfaction	2.5	1.5	1	4
Overall satisfaction	2.5	1.5	1	4
Life expectancy	75.5	5.5	60	90
Quality of life	75.5	5.5	60	90
Health-related quality of life	75.5	5.5	60	90
Physical health-related quality of life	75.5	5.5	60	90
Mental health-related quality of life	75.5	5.5	60	90
Social health-related quality of life	75.5	5.5	60	90
Environmental health-related quality of life	75.5	5.5	60	90
Overall health-related quality of life	75.5	5.5	60	90
Life expectancy (adjusted)	75.5	5.5	60	90
Quality of life (adjusted)	75.5	5.5	60	90
Health-related quality of life (adjusted)	75.5	5.5	60	90
Physical health-related quality of life (adjusted)	75.5	5.5	60	90
Mental health-related quality of life (adjusted)	75.5	5.5	60	90
Social health-related quality of life (adjusted)	75.5	5.5	60	90
Environmental health-related quality of life (adjusted)	75.5	5.5	60	90
Overall health-related quality of life (adjusted)	75.5	5.5	60	90

- 18A. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information:**

(which is a ____ continuation/ ____ divisional/ ____ CIP of prior application no. _____,
which is a ____ continuation/ ____ divisional/ ____ CIP of prior application no. _____) (List entire chain of priority)

18B. Statement under 37 CFR 3.73(b) for continuing application:

19. Correspondence Address

X Correspondence Address Below

BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP

Seventh Floor

Country U.S.A. TELEPHONE (303) 740-1980 FAX (303) 740-1980

Docket No.: 42390P11149
Express Mail No.: EL906880700US

FEE TRANSMITTAL FOR FY 2001**TOTAL AMOUNT OF PAYMENT (\$)**1066.00**Complete if Known:**Application No. Not Yet AssignedFiling Date Concurrently HerewithFirst Named Inventor Graunke, et al.Group Art Unit Not Yet AssignedExaminer Name Not Yet AssignedAttorney Docket No. 42390P11149**METHOD OF PAYMENT (check one)**

1. ☒ The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:

Deposit Account Number 02-2666

Deposit Account Name _____

- ☒ Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17

- ☐ Applicant claims small entity status. See 37 CFR 1.27

2. ☒ Payment Enclosed: ☒ Check
☐ Credit Card
☐ Money Order
☐ Other

FEE CALCULATION**1. BASIC FILING FEE**

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
101	710	201	355	Utility application filing fee	<u>710.00</u>
106	320	206	160	Design application filing fee	_____
107	490	207	245	Plant filing fee	_____
108	710	208	355	Reissue filing fee	_____
114	150	214	75	Provisional application filing fee	_____
SUBTOTAL (1)					<u>\$ 710.00</u>

2. EXTRA CLAIM FEES

		Extra Claims		Fee from below		Fee Paid	
Total Claims	<u>22</u>	- 20** =	<u>2</u>	X	<u>18.00</u>	=	<u>36.00</u>
Independent Claims	<u>7</u>	- 3** =	<u>4</u>	X	<u>80.00</u>	=	<u>320.00</u>
Multiple Dependent						=	

**Or number previously paid, if greater; For Reissues, see below.

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
103	18	203	9	Claims in excess of 20	<u>36.00</u>
102	80	202	40	Independent claims in excess of 3	<u>320.00</u>
104	270	204	135	Multiple dependent claim, if not paid	<u>0.00</u>
109	80	209	40	**Reissue independent claims over original patent	<u>0.00</u>
110	18	210	9	**Reissue claims in excess of 20 and over original patent	<u>0.00</u>
SUBTOTAL (2)					<u>\$ 356.00</u>

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
105	130	205	65	Surcharge - late filing fee or oath	
127	50	227	25	Surcharge - late provisional filing fee or cover sheet	
139	130	139	130	Non-English specification	
147	2,520	147	2,520	For filing a request for ex parte reexamination	
112	920*	112	920*	Requesting publication of SIR prior to Examiner action	
113	1,840*	113	1,840*	Requesting publication of SIR after Examiner action	
115	110	215	55	Extension for reply within first month	
116	390	216	195	Extension for reply within second month	
117	890	217	445	Extension for reply within third month	
118	1,390	218	695	Extension for reply within fourth month	
128	1,890	228	945	Extension for reply within fifth month	
119	310	219	155	Notice of Appeal	
120	310	220	155	Filing a brief in support of an appeal	
121	270	221	135	Request for oral hearing	
138	1,510	138	1,510	Petition to institute a public use proceeding	
140	110	240	55	Petition to revive - unavoidable	
141	1,240	241	620	Petition to revive - unintentional	
142	1,240	242	620	Utility issue fee (or reissue)	
143	440	243	220	Design issue fee	
144	600	244	300	Plant issue fee	
122	130	122	130	Petitions to the Commissioner	
123	130	123	130	Petitions related to provisional applications	
126	180	126	180	Submission of Information Disclosure Stmt	
581	40	581	40	Recording each patent assignment per property (times number of properties)	
146	710	246	355	For filing a submission after final rejection (see 37 CFR 1.129(a))	
149	710	249	355	For each additional invention to be examined (see 37 CFR 1.129(b))	
179	710	279	355	Request for Continued Examination (RCE)	
169	900	169	900	Request for expedited examination of a design application	
Other fee (specify) _____					
Other fee (specify) _____					

SUBTOTAL (3) \$ _____

*Reduced by Basic Filing Fee Paid

SUBMITTED BY:

Typed or Printed Name: Libby N. Ho
 Signature: [Signature] Date: June 30, 2001
 Reg. Number: 46,774 Telephone Number: 303-740-1980

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

EXPRESS MAIL CERTIFICATE OF MAILING

"Express Mail" mailing label number: EL906880700US
 I hereby certify that I am causing this paper or fee to be deposited with the United States Postal Service "Express Mail Post Office to Addressee" service on the date indicated above and that this paper or fee has been addressed to the Assistant Commissioner for Patents, Washington, DC 20231.

June 30, 2001

Date of Deposit

LIBBY N. HO

Name of Person Mailing Correspondence

Signature

Date

Docket No.: 42390P11149
 Express Mail No.: EL906880700US